

APPLICATION FOR APPROVAL TO PERFORM HIV TESTS

Complete and return this form if HIV testing is to be done at the address indicated. A separate application must be made for each testing location. **PLEASE SUBMIT PROOF OF ENROLLMENT IN AN APPROVED PROFICIENCY TESTING PROGRAM.** A new application must be filed if there is a change in the laboratory director of this facility or in the USFDA approved test(s) used. Send to:

California Department of Health Services
Laboratory Field Services
850 Marina Bay Parkway, Bldg. P, 1st Floor
Richmond, CA 94804-6403

I. APPLICATION TYPE (Check One)☐ NEW APPLICATION☐ UPDATE APPLICATION:☐ Change of address☐ Change of director☐ Change/addition of testing kit**II. GENERAL INFORMATION (Please Type or Print)**

CLIA identification number	California state laboratory identification number	US FDA license number	
Name of facility			
Laboratory address (number, street)			
City	County	State	ZIP code
Telephone number (include area code)		FAX number (include area code)	
Name of laboratory director		Name and title of contact person (if other than laboratory director)	
Proficiency testing agency		Proficiency testing agency identification number	

III. TYPE OF FACILITY☐ Blood bank ☐ Clinical laboratory ☐ Public health laboratory ☐ Other (specify) _____**IV. APPROVAL REQUESTED (Please Type or Print)**

US FDA Screening Test	US FDA Confirmation Test	Complete if Confirmation Test is Not Performed	HIV Monitoring Test
Manufacturer	Manufacturer	Testing laboratory	Manufacturer
Method	Method	Method/manufacture	Method

Remarks: _____

I declare that the foregoing statements are true and correct; that I have read and understand the provisions that apply.

Signature of laboratory director _____

Date _____

Department Use Only

Copies to:

☐ Submitter☐ L.A. Office☐ Richmond Office